UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/060,062	01/29/2002	David R. Goldmann	0240-P03509US00	7147

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EXAMINER
MORGAN, ROBERT W

ART UNIT	PAPER NUMBER
3626	

DATE MAILED: 05/23/2006

Please find below and/or attached an Office communication concerning this application or proceeding.

PTO-90C (Rev. 10/03)

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE <u>3</u> MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.
- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133).
  Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

1) ☐ Responsive to communication(s) filed on _____.

2a) ☐ This action is **FINAL**.   2b) ☒ This action is non-final.

3) ☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

4) ☒ Claim(s) *1-6* is/are pending in the application.

     4a) Of the above claim(s) _____ is/are withdrawn from consideration.

5) ☐ Claim(s) _____ is/are allowed.

6) ☒ Claim(s) *1-6* is/are rejected.

7) ☐ Claim(s) _____ is/are objected to.

8) ☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

9) ☐ The specification is objected to by the Examiner.

10) ☐ The drawing(s) filed on _____ is/are: a)☐ accepted or b)☐ objected to by the Examiner.

     Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).

     Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).

11) ☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

12) ☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).

     a)☐ All   b)☐ Some * c)☐ None of:

        1.☐ Certified copies of the priority documents have been received.

        2.☐ Certified copies of the priority documents have been received in Application No. _____.

        3.☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

     * See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

1) ☒ Notice of References Cited (PTO-892)

2) ☐ Notice of Draftsperson's Patent Drawing Review (PTO-948)

3) ☐ Information Disclosure Statement(s) (PTO-1449 or PTO/SB/08) Paper No(s)/Mail Date _____.

4) ☐ Interview Summary (PTO-413) Paper No(s)/Mail Date _____.

5) ☐ Notice of Informal Patent Application (PTO-152)

6) ☐ Other: _____.

DETAILED ACTION

Claim Rejections - 35 USC § 102

The following is a quotation of the appropriate paragraphs of 35 U.S.C. 102 that form the

basis for the rejections under this section made in this Office action:

A person shall be entitled to a patent unless –

(e) the invention was described in (1) an application for patent, published under section 122(b), by another filed in the United States before the invention by the applicant for patent or (2) a patent granted on an application for patent by another filed in the United States before the invention by the applicant for patent, except that an international application filed under the treaty defined in section 351(a) shall have the effects for purposes of this subsection of an application filed in the United States only if the international application designated the United States and was published under Article 21(2) of such treaty in the English language.

Claims 1-6 are rejected under 35 U.S.C. 102(e) as being anticipated by U.S. Patent No

6,742,895 to Robin.

As per claim 1, Robin teaches a hierarchical system for providing medical information

comprising:

--the claimed control unit for setting forth navigation and for providing a plurality of

medical guidance information for use by a medical professional is met by the plurality of

physician terminals (30, Fig. 34) (see: column 11, lines 1-7). In addition, Robin teaches a home

page which provides a user-navigable menu of content choices (see: column 5, lines 66-67);

--the claimed means for assisting the medical professional in navigating and searching

disease specific hierarchical information in a database is met by the Pressure Point ® home page

(10, Fig. 1) that guides the user via a series of simple graphical interface provided for all the

software tools necessary for effective data collection, data interpretation , results reporting and

disease management (see: column 5, lines 53-65). In addition, Robin teaches that all clinical data

is defined by the clinician-user and stored in a distributed searchable online library (see: column

6, lines 19-20). Furthermore, Robin teaches the distributed database is managed and maintained

by a conventional server system (42, Fig. 34) equipped with storage such as RAID memory to

serve as the repository for patient records and other data (see: column 11, lines 12-16);

--the claimed means for distributing the hierarchical information to said medical

practitioner is met by the network architecture allows information content to be created,

distributed and managed by packet-based communication (see: column 10, lines 65-67). In

addition, Robin teaches the navigation of various modules (100-400, Fig. 1) that provide visual

displays for guiding the users through the system (see: column 5, lines 41-43); and

--the claimed means for rating the hierarchical information is met by assigning an explicit

rating of importance to the care process for each recommendation and by assigning an explicit

rating of strength of evidence supporting each recommendation (see: column 7, lines 46-50).

As per claim 2, Robin teaches a hierarchical system for providing medical information to

medical practitioner comprising:

--the claimed control unit for setting forth system navigation and for providing a plurality

of rated medical guidance information stored in a database is met by the Pressure Point ® home

page (10, Fig. 1) that guides the user via a series of simple graphical interface provided for all the

software tools necessary for effective data collection, data interpretation , results reporting and

disease management (see: column 5, lines 53-65). In addition, Robin teaches a disease

management module (400, Fig. 11) which is based on a unique quantitative management

methodology (rating) that ensures that the adapted practice pattern is clinically relevant and

specific enough to provide useful information to practitioner (see: column 7, lines 41-45).

Furthermore, Robin teaches the distributed database is managed and maintained by a

conventional server system (42, Fig. 34) equipped with storage such as RAID memory to serve

as the repository for patient records and other data (see: column 11, lines 12-16);

--the claimed means for assisting a medical professional in obtaining disease specific

hierarchical information from the database is met by the Pressure Point ® home page (10, Fig. 1)

that guides the user via a series of simple graphical interface provided for all the software tools

necessary for effective data collection, data interpretation , results reporting and disease

management (see: column 5, lines 53-65). In addition, Robin teaches that all clinical data is

defined by the clinician-user and stored in a distributed searchable online library (see: column 6,

lines 19-20). Furthermore, Robin teaches the distributed database is managed and maintained by

a conventional server system (42, Fig. 34) equipped with storage such as RAID memory to serve

as the repository for patient records and other data (see: column 11, lines 12-16); and

--the claimed means for distributing hierarchical information to said medical practitioner

is met by the network architecture allows information content to be created, distributed and

managed by packet-based communication (see: column 10, lines 65-67). In addition, Robin

teaches the navigation of various modules (100-400, Fig. 1) that provide visual displays for

guiding the users through the system (see: column 5, lines 41-43).

As per claim 3, Robin teaches a method for generating medical information in a global

computer system comprising the following steps:

--the claimed authoring a plurality of medical related guidance statements related to

specific diseases and rating said information based upon at least one reliability criterion is met by

the physical examination performed at every follow-up visit by the physician that includes

assigned rating for recommendation and rating strength of evidence supporting each

recommendation (see: column 8, lines 23-40 and Fig 13A-13D);

--the claimed placing the plurality of statements in an accessible database as a module

and linking thereto a plurality of additional information and data related to the guidance

statements is met by primary menu bar that allows navigation of the entire site for easy access to

various modules 100, 200, 300 or 400 via the "Home", "Store Info", "Patient Database", "Help",

and "Sample Reports" buttons (see: column 6, lines 27-31). In addition, Robin teaches a wide

variety of supporting information is available by pressing the "Information" button, and this

action directs the user to the Information Page of Fig. 3 (see: column 6, lines 42-44).

Furthermore, Robin teaches the distributed database is managed and maintained by a

conventional server system (42, Fig. 34) equipped with storage such as RAID memory to serve

as the repository for patient records and other data (see: column 11, lines 12-16); and

--the claimed providing end users with access to statements and modules via a user

interface is met by the Pressure Point ® home page (10, Fig. 1) that guides the user via a series

of simple graphical interface provided for all the software tools necessary for effective data

collection, data interpretation, results reporting and disease management (see: column 5, lines

53-65). In addition, Robin teaches the navigation of various modules (100-400, Fig. 1) that

provide visual displays for guiding the users through the system (see: column 5, lines 41-43).

As per claim 4, Robin teaches the claimed each module corresponds to a specific disease.

This limitation is met by the disease management module (400, Fig. 10) including the "Disease

Management Pathways" designed as an overview of the various symptoms and management

techniques for all forms of glaucoma (see: column 7, lines 26-33 and column 8, lines 41-46). The

Examiner considers the categorical severity of the disease (mild, moderate and severe) as corresponding to a specific or different disease.

As per claim 5, Robin teaches the claimed additional information comprises both drug related and non-drug related information. This feature is met by the secondary clinical review performed by specialist who offers recommended treatment options, medications, as well as information about the management of the disease (see: column 5, lines 15-19 and Fig. 7).

As per claim 6, Robin teaches a method for generating medical information for use in a global computer system comprising the following steps:

--the claimed authoring and pre-storing a plurality of medical related guidance statements related to specific diseases and providing for each a qualitative rating based upon the evidence supporting the statement is met by assigning an explicit rating of importance to the care process for each recommendation and by assigning an explicit rating of strength of evidence supporting each recommendation (see: column 7, lines 46-50). In addition, Robin teaches that a panel of experts assigns rating to improve the quality of the patients care in a meaningful way (see: column 7, lines 50-53). Furthermore, Robin teaches the distributed database is managed and maintained by a conventional server system (42, Fig. 34) equipped with storage such as RAID memory to serve as the repository for patient records and other data (see: column 11, lines 12-16);

--the claimed placing the guidance statements within an accessible database as a module and linking thereto a plurality of additional information and data related to the guidance statements is met by primary menu bar that allows navigation of the entire site for easy access to various modules 100, 200, 300 or 400 via the "Home", "Store Info", "Patient Database", "Help",

and "Sample Reports" buttons (see: column 6, lines 27-31). In addition, Robin teaches a wide

variety of supporting information is available by pressing the "Information" button, and this

action directs the user to the Information Page of Fig. 3 (see: column 6, lines 42-44).

Furthermore, Robin teaches the distributed database is managed and maintained by a

conventional server system (42, Fig. 34) equipped with storage such as RAID memory to serve

as the repository for patient records and other data (see: column 11, lines 12-16); and

   --the claimed providing end users with access to statements and modules via a user

interface such that the guidance statements, additional information and, data are accessible is met

by primary menu bar that allows navigation of the entire site for easy access to various modules

100, 200, 300 or 400 via the "Home", "Store Info", "Patient Database", "Help", and "Sample

Reports" buttons (see: column 6, lines 27-31). In addition, Robin teaches a disease management

module (400, Fig. 10) including the "Disease Management Pathways" designed as an overview

of the various symptoms and management techniques for all forms of glaucoma (see: column 7,

lines 26-33 and column 8, lines 41-46).

Conclusion

   The prior art made of record and not relied upon is considered pertinent to applicant's

disclosure.

   In related art (6,918,771) Arington et al. teaches stimulation method and system based on

a distributive processing model is used for training and educating health-care teams.

   In related art (5,517,405) McAndrew et al. discloses a problem solving expert system,

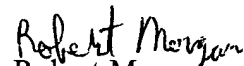which is particularly useful in managing the health care of individual patient.

Any inquiry concerning this communication or earlier communications from the

examiner should be directed to Robert W. Morgan whose telephone number is (571) 272-6773.

The examiner can normally be reached on 8:30 a.m. - 5:00 p.m. Mon - Fri.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's

supervisor, Joseph Thomas can be reached on (571) 272-6776. The fax phone number for the

organization where this application or proceeding is assigned is 571-273-8300.

Information regarding the status of an application may be obtained from the Patent

Application Information Retrieval (PAIR) system. Status information for published applications

may be obtained from either Private PAIR or Public PAIR. Status information for unpublished

applications is available through Private PAIR only. For more information about the PAIR

system, see http://pair-direct.uspto.gov. Should you have questions on access to the Private PAIR

system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free).

Robert Morgan
Patent Examiner
Art Unit 3626